

SERFF Tracking Number: PHYS-126364039 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 44371
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: A643-1
Project Name/Number: A643-1/A643-1

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: A643-1

SERFF Tr Num: PHYS-126364039 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved-
Closed State Tr Num: 44371

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Kathryn Gurnett

Disposition Date: 12/21/2009

Date Submitted: 12/16/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: A643-1

Project Number: A643-1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/21/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/20/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/21/2009

Created By: Kathryn Gurnett

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kathryn Gurnett

Filing Description:

RE: NAIC #80578 FEIN 47-0270450

Physicians Mutual Insurance Company

Individual Hospital Indemnity

A643-1-FR – Direct Response Application and Variables

The above captioned form is enclosed for your review and approval. The application replaces the A643AR, which was approved by your Department on January 28, 2008. To the best of my knowledge, this form complies with all state laws and regulations.

SERFF Tracking Number: *PHYS-126364039* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44371*
Company Tracking Number:
TOI: *H14I Individual Health - Hospital Indemnity* Sub-TOI: *H14I.000 Health - Hospital Indemnity*
Product Name: *A643-1*
Project Name/Number: *A643-1/A643-1*

The A643-1-FR application will be used for direct response to solicit the P643AR which was approved by your Department on January 28, 2008. The Flesch score for this application is 46.9.

Nebraska, our state of domicile approved this form effective October 20, 2009.

We reserve the right to alter the format of the form submitted without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval.

Please contact me via SERFF, or at the e-mail address or phone number listed below if you have questions, or if additional information is needed.

Sincerely,

Kathryn R. Gurnett, MBA, CPCU, CLU, HIA, AAPA, LTCP, HIPAAP, AIRC, FLMI, CCP
Policy Approval and Compliance Coordinator
Government and Industry
Voice: (402) 633-1188
Fax: (402) 633-1096
E-mail: katie.gurnett@physiciansmutual.com

Company and Contact

Filing Contact Information

Kathryn Gurnett, Policy Approval & Compliance katie.gurnett@physiciansmutual.com

Coordinator

2600 Dodge Street 402-633-1188 [Phone]

Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company

CoCode: 80578

State of Domicile: Nebraska

2600 Dodge Street

Group Code: 367

Company Type:

Omaha, NE 68131

Group Name:

State ID Number:

(402) 633-1188 ext. [Phone]

FEIN Number: 47-0270450

Filing Fees

SERFF Tracking Number: PHYS-126364039 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 44371
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: A643-1
Project Name/Number: A643-1/A643-1

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	12/16/2009	32827275

SERFF Tracking Number: *PHYS-126364039* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44371*
Company Tracking Number:
TOI: *H14I Individual Health - Hospital Indemnity* Sub-TOI: *H14I.000 Health - Hospital Indemnity*
Product Name: *A643-1*
Project Name/Number: *A643-1/A643-1*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/21/2009	12/21/2009

<i>SERFF Tracking Number:</i>	<i>PHYS-126364039</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>44371</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>A643-1</i>		
<i>Project Name/Number:</i>	<i>A643-1/A643-1</i>		

Disposition

Disposition Date: 12/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHYS-126364039</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>44371</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>A643-1</i>		
<i>Project Name/Number:</i>	<i>A643-1/A643-1</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	VARIABLES	Approved-Closed	Yes
Form	APPLICATION	Approved-Closed	Yes

SERFF Tracking Number: *PHYS-126364039* State: *Arkansas*

Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44371*

Company Tracking Number:

TOI: *H14I Individual Health - Hospital Indemnity* Sub-TOI: *H14I.000 Health - Hospital Indemnity*

Product Name: *A643-1*

Project Name/Number: *A643-1/A643-1*

Form Schedule

Lead Form Number: A643-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/21/2009	A643-1-FR	Application/	APPLICATION	Initial		49.600	A643-1-FR.pdf
		Enrollment					
		Form					

Application for Hospital, Medical and Surgical Indemnity Policy
Physicians Mutual Insurance Company • 2600 Dodge Street • Omaha, NE 68131-2671

[Choose the Plan You Want (check one):]
[] Individual Plan [] Husband/Wife Plan [] One-Parent Family Plan (Includes Dependent Children) [] All-Family Plan (Includes Dependent Children)

[Choose the Benefit Option You Want (check one):]
[] Gold Option P643-XX [] Silver Option P643-XX [] Bronze Option P643-XX

Applicant's Name and Information (please print):
[John Q. Doe]
[Any Street]
[Any CityXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 12345-6789]
Age: [99]
Date of Birth: [99/99/99]
[] Male [X] Female
[Phone: (999) 999-9999] [Email Address: (for internal use only) jgdoe@cox.net]

Spouse's Name and Information: (Complete for the Husband/Wife or All-Family Plan only)
First Name Middle Initial Last Name
[Jane Q. Doe]
Age: [99]
Date of Birth: [99/99/99]
[] Male [X] Female

Choose Your Method of Payment: Please make check or money order payable to Physicians Mutual Insurance Company.
[] Automatic Bank Withdrawal. I enclose my first month premium and I authorize Physicians Mutual Insurance Company to conveniently deduct future premium payments from my bank account. Please attach a sample check marked "VOID."
[] Please Bill Me Monthly. I enclose my first month premium.

Answer Each of the Following Questions. A "Yes" answer to any question may disqualify you for coverage.
Within the last 5 years, has anyone proposed for coverage had any diagnosis of, received treatment for, or consulted with a medical practitioner concerning any:
a) Stroke or disease or disorder of the heart or coronary arteries (excluding high blood pressure or high cholesterol)? [] Yes [] No
b) Internal cancer (including melanoma but not other skin cancer), leukemia, or Hodgkin's Disease? [] Yes [] No
c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), AIDS-related conditions, or tested positive for the Human Immunodeficiency Virus (HIV)? [] Yes [] No
d) Diabetes, kidney failure or dialysis? [] Yes [] No
e) Chronic lung or respiratory disease or disorder? [] Yes [] No

[I wish to apply for the insurance plan and benefit option shown above.] I understand this policy is a limited benefit health policy and does not provide comprehensive major medical benefits. I have read the questions on this form and my answers are true to the best of my knowledge and belief. I understand this form will become part of any policy issued, and any false statement or answer which materially affects the acceptance of risk by Physicians Mutual Insurance Company can be used to void coverage as of the effective date or to deny any claim. I understand that no insurance is in effect as result of this application unless this application is approved by the Company, a policy is issued, and the premium has been paid. Benefits will not be paid for pre-existing conditions (health problems that became evident or were treated within the two years immediately preceding the effective date of the policy) unless loss begins at least one year after the effective date.
Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Do you intend this policy to replace any existing health insurance currently in force? [] Yes [] No
Signature _____ Today's Date _____
A643-1-FR [999^999-999-999-999 643 999999]

SERFF Tracking Number:	PHYS-126364039	State:	Arkansas
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	44371
Company Tracking Number:			
TOI:	H14I Individual Health - Hospital Indemnity	Sub-TOI:	H14I.000 Health - Hospital Indemnity
Product Name:	A643-1		
Project Name/Number:	A643-1/A643-1		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/21/2009
Comments:			
Attachments:			
Ar reg 19 cert.pdf			
READCERT FOR A643-1-FR.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/21/2009
Bypass Reason:	This is a filing for an application only.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	12/21/2009
Bypass Reason:	There are no rates associated with this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	12/21/2009
Bypass Reason:	This is a filing for an application only.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	VARIABLES	Approved-Closed	12/21/2009
Comments:			
Attachment:			
A643-1 variables.pdf			

CERTIFICATION

RE: A643-1-FR

This is to certify that the above captioned filing complies with Arkansas Regulation 19 and all other applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, reading "Shawn Pollock". The signature is written in a cursive, flowing style. To the right of the signature is a vertical red line.

Date: December 16, 2009

Shawn Pollock
Vice President

Government

and Industry

PHYSICIANS MUTUAL INSURANCE COMPANY

OMAHA, NEBRASKA

Certification of Flesch

These form(s) have the following Flesch Readability Score:

Form

A643-1-FR 49.6

Flesch Score

The entire form was analyzed. The following was excluded in the text: name and address of the insurer; name, number and title of the rider; captions and subcaptions; medical terminology; defined terms.



Vice President

Physicians Mutual Insurance Company

October 16, 2009

Date

1. May change the dimensions of the form to varying horizontal format, or vertical format.
2. May change the font style in the layout. May rearrange the layout and format.
3. May add/change/delete/move boxes and heading boxes.
4. May add/change/delete/move a reply by date (ie: Please Respond Within 10 Days).
5. May add/change/delete/move the premium rates.
6. May add/change/delete/move the plan name, client logo, and/or company logo.
7. May add/change/delete/move the layout, format and copy pertaining to the Insured: Name, Address, Phone #, Date of Birth, Age, Height, Weight, State of Birth, Female/Male, Email Address, etc.
8. May add/change/delete/move formatting of the heading {Choose the Plan ... , Choose the Benefit ... , Applicant Name ... , Spouse Name ...}, dollar amount, number of options offered and rider combinations with varying dollar amounts and may move, rearrange and change format. May delete the Benefit Option section when a single option is being promoted.
9. May add/change/delete/move/ or substitute applicable language for Variable Pay Options copy. Variable Payment Options will include monthly, quarterly, semiannual, annual, credit card billing (where available), electronic fund transfer, and direct billing. These may be used singularly or in combination. This would include adding/changing/deleting/moving copy for account numbers, expiration dates, (Make check or money order payable to PHYSICIANS MUTUAL INSURANCE COMPANY), account/client name/financial institute, combining two different payment options, credit card number/expiration date, credit card holders signature line and (*Direct billing available.) as appropriate.
10. May add/change/delete/move payment copy for credit card, electronic file transfer (automatic bank withdraw), & Third Party pay copy in the attestation as needed. Also, may add/change/delete number of benefit options available or the coverage applied for.
11. May add-change/delete/move the format of the internal coding.
12. May change/move the signature line, credit card signature line, and date depending on varying format.